BEST AVA" ABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR		NUMBE	R FILED	NUMBER I	XTRA	Γ	RATE	FEE]	RATE	FEE
BASIC FEE							380.00	OR		760.00	
то	TAL CLAIMS		minus 2	20= *			X\$ 9=		OR	X\$18=	_
INDEPENDENT CLAIMS							X39=		OR	X78=	
MU	LTIPLE DEPEN		+130=		OR	+260=					
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	760
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						:	OTHER TH SMALL ENTITY OR SMALL ENT				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	·:
	Independent	*	Minus	PENDENT CLAIM	=		X39=		OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEI	PENDENT CLAIM			+130=		OR	+260=	
	and a state of the						TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	~.)DII. I LL				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=	,
									OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	= .		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***	=		X39=	•	OR	X78=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		-					•
				nn 2, write "0" in col		L	·130=		OR [+260= TOTAL	
** If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 20, ent r "20." ***If th "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independ at) is the highest number found in the appropriate box in column 1.											

This Form for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	09/	3827	12/9	5/		
					BEST	AVAILABI	LE COP
		Total F	ee Calcula	tion			
	Fee Code	Total # Claims	Number Extra	х	Fee	Fec =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101			_		=	260
Total Claims >20	203/103	18 -20	·	<u>x</u>			-
Independent Claims >3	202/102	<u></u> -3	-	x			
Mult. Dep Claim Present	204/104					=	
Surcharge	205/105						130
English Translation	139			•		•	,
TOTAL FEE CALCULA	ATION				4-	-	SUC
Fees due upon filing t	he application:						
Total Filing Fees Due	= \$		800	_			
Less Filing Fees Subm	nitted - \$	/					
BALANCE DUE	= \$	P	0	_			

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)